Approved for use through 01/31/2004. OMB 0651-0033 U.S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

dender the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL 1004-75 Attorney Docket No. Address to: Kuriakose First Named Inventor **Assistant Commissioner for Patents** 6,073,478 Original Patent Number ₽ď **Box Reissue** Original Patent Issue Date 06/13/2000 Washington, DC 20231 (Month/Day/Year) Express Mail Label No. APPLICATION FOR REISSUE OF: Plant Patent Design Patent Utility Patent (Check applicable box) ACCOMPANYING APPLICATION PARTS **APPLICATION ELEMENTS (37 CFR 1.173)** Statement of status and support for all changes Fee Transmittal Form (PTO/SB/56) 10. **v**/ 1. (Submit an original, and a duplicate for fee processing) to the claims. See 37 CFR 1.173 (c). Original U.S. Patent for surrender Applicant claims small entity status. See 37 CFR 1.27. 11. 2. Specification and Claims in double column copy of patent Ribboned Original Patent Grant 3. format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) 4. Foreign Priority Claim (35 U.S.C. 11 12. Reissue Oath/Declaration (original or copy) (if applicable) 5. (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Copies of IDS Information Disclosure 13. Citations Statement (IDS)/PTO-1449 6. Power of Attorney English Translation of Reissue Oath/Declaration Original U.S. Patent currently assigned? (if applicable) (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement Return Receipt Postcard (MPEP 503) (Should be specifically itemized) (PTO/SB/96) 16. CD-ROM or CD-R in duplicate, Computer Program (Appendix) 17. or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CRF) b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii 🗌 paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS or Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Name Shapiro Cohen P.O. Box 3440 Address K1P 6P1 Zip Code Station D 613 563 9231 Ontario Fax Ottawa City State 613 232 5300 Country Canada

Robert A. Wilkes 19333 Registration No. (Attorney/Agent) NAME (Print/Type) 11/27/2001 Date Signature

Telephone

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

Total Balla Prop. States St. 1 يُنه الله n,

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Claims as Amended - Part 2	Docket Number (Optional) 1004-75		
Patent Reissue Application Number Extra Rate Fee			0
(A) 13 Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(ii)) Independent claims (37 CFR 1.16(ii)) Basic Fee (37 CFR 1.16(ii)) S 740 Claims as Amended - Part 2 Claims Remaining After Amendment Claims Previously Paid For Fee Claims (37 CFR 1.16(ii)) Rate Fee		Other than a	
C()3 Independent claims (37 CFR 1.16(h)) Independent claims (37 CFR 1.16(h)) Independent (C)		Rate	Fee
C)3 Independent claims (37 CFR 1.16(i)) Basic Fee (37 CFR 1.16(h)) \$740	or	×\$=	
Basic Fee (37 CFR 1.16(h)) \$740 (Total Filing Fee \$740.00 Claims as Amended - Part 2 (1) Claims Remaining After Amendment Previously Paid For Previously Previous	OI .	×\$=	
Claims as Amended - Part 2 (1) Claims Remaining After Amendment Claims Remaining After Amendment Claims Remaining After Amendment Claims Remaining After Amendment Total Claims (37 CFR 1.16(j) Independent Claims (37 CFR 1.16(j)) *** 3 MINUS ******** Total Additional Fee Total Additional Fee *** 18 = 36.00 Total Additional Fee *** 16 m m m m m m m m m m m m m m m m m m	ດເ		\$
Claims as Amended - Part 2 (1) Claims Remaining After Amendment Claims Remaining After Amendment Claims Remaining After Amendment Claims Remaining After Amendment Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(j)) Total Additional Fee \$36.00 Total Additional Fee \$36.00 * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 credit any overpayment to Deposit Account No. 16-0600 A check in the amount of \$776.00 Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card into the control of the propert in the amount of the control of the proposition of the previously proposition of the proposition of the proposition of the			
(1) Claims Remaining After Amendment Previously Paid For Previously Present Present Previously Pr	<u> </u>	OK	7
Claims Remaining After Amendment Claims Remaining After Amendment Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(ii)) If the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any cancellation of claims. If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 credit any overpayment to Deposit Account No. 16-0600 A check in the amount of \$ 776.00 Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card into the commission of the commission of the commission of this form may become public. Credit card into the commission of the commission of this form may become public. Credit card into the commission of this form may become public. Credit card into the commission of this form may become public. Credit card into the commission of	Entity Other than a Small Entity		
After Amendment Previously Paid For Present	Т_	Rate	Fee
Total Claims (37 CFR 1.16(j)) Independent		, rate	
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** After any cancellation of claims. **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 credit any overpayment to Deposit Account No. 16-0600 A duplicate copy of this sheet is enclosed. A check in the amount of \$ 776.00 Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card into the content of the)	×\$	=
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** After any cancellation of claims. *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 credit any overpayment to Deposit Account No. 16-0600 A duplicate copy of this sheet is enclosed. A check in the amount of \$ 776.00 Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card into the content of the con		×\$	
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** After any cancellation of claims. *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 credit any overpayment to Deposit Account No. 16-0600 A duplicate copy of this sheet is enclosed. A check in the amount of \$ 776.00 Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card into the content of the con	do	OR	\$
11/27/2001 Date D	t of _ ' whice close	ch may be re ed. mation sh n on PTO-	ould not 2038. ent of Record
Typed or	Typed or printed name		